



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2000  
OF THE CONDITION AND AFFAIRS OF THE  
CIGNA HEALTHCARE OF MAINE, INC.

NAIC Group Code	0901	0901	NAIC Company Code	95447	Employer s ID Number	01-0418220
(Current Period)		(Prior Period)				
A Health Maintenance Organization organized under the Laws of the State of				Maine		
made to the				Bureau of Insurance		pursuant to the laws thereof
				(Appropriate Agency)		
Date Incorporated or Organized:		03/01/1986		Date Commenced Business:		04/01/1987
Date Federally Qualified As An HMO:		09/17/1987		Date Certified As An HMO:		01/30/1987
Statutory Home Office:		2 Stonewood Drive		Freeport, ME 04032-0447		
		(Street and Number)		(City or Town, State and Zip Code)		
Address of Main Administrative Office:				2 Stonewood Drive		
				(Street and Number)		
Freeport, ME 04032-0447				207-865-5000		
(City or Town, State and Zip Code)				(Area Code) (Telephone Number)		
Name of Administrator:		Richard Marshall White				
Mail Address		900 Cottage Grove Road		Hartford, CT 06152-1228		
		(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records		900 Cottage Grove Road				
		(Street and Number)				
Hartford, CT 06152-1228		860-226-6183				
(City or Town, State and Zip Code)		(Area Code) (Telephone Number)				
Contact Person		Michael James St.Germain		860-226-6183		
		(Name)		(Area Code) (Telephone Number) (Extension)		
michael.stgermain@cigna.com		860-226-6443				
(E-mail Address)		(FAX Number)				

SERVICE AREAS OR COUNTIES

State of Maine , ME		
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OFFICERS

President	Richard Marshall White	
Vice President	Karen Sue Rohan #	Assistant Clerk Paul Jeffrey Moreno

OTHER OFFICERS

Eileen O'Shea Auen	Cathy Lynn Barker #	Paul Bergsteinsson
Roy Victor Erickson M.D.	Daniel Jay Frank #	John Patrick Frey #
James Thomas Kohan	David Charles Kopp	Carla Cirone Mangiafico #
Barry Richard McHale	David Mathew Porcello #	Donald William Porter
Richard Brainerd Salmon M.D., PhD.	Robert Cody Williams	

DIRECTORS

Karen Sue Rohan #	William Colman Popick M.D.	William Allen Schaffer M.D.
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State of .....Connecticut..... }  
County of .....Hartford..... } ss

The officers of this company, being duly sworn, each depose and say that they are the described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period stated above, and of its income and deductions therefrom for the period reported, and have been completed in accordance with the NAIC annual statement instructions and accounting practices and procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Carla Cirone Mangiafico Vice President	David Mathew Porcello Treasurer	Paul Jeffrey Moreno Assistant Clerk
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Subscribed and sworn to before me this	a. Is this an original filing?	Yes [ X ] No [ ]
01 day of 02, 2001	b. If no	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Alanna Chambers  
Adm. Assistant  
04/30/05

Note: Effective April 14, 2000, Healthsource Maine, Inc. changed its name to CIGNA HealthCare of Maine, Inc.